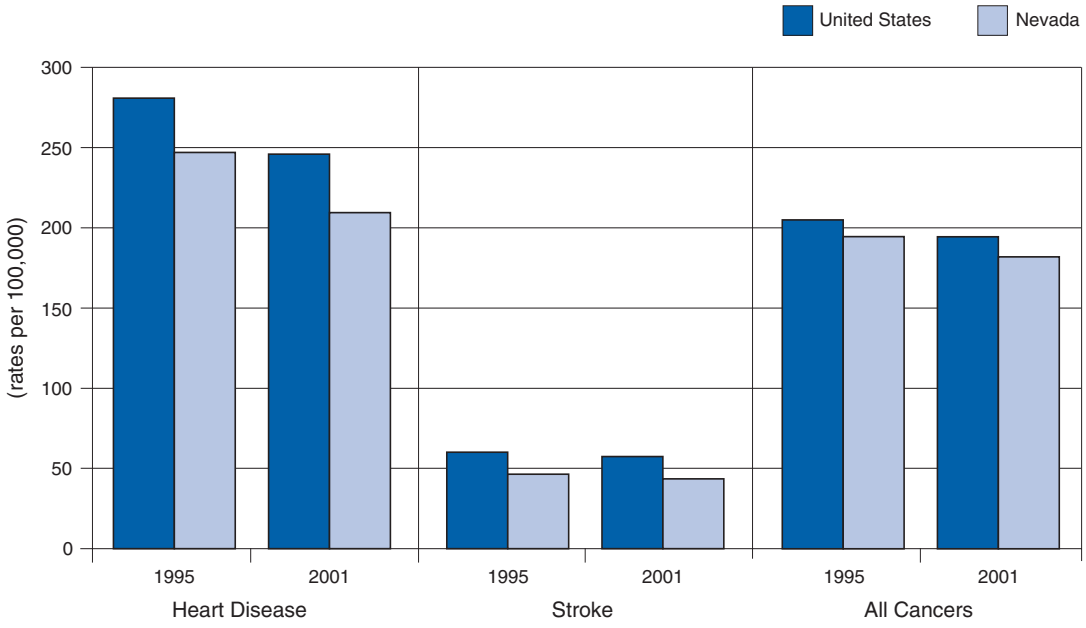
Nevada

Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Nevada, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

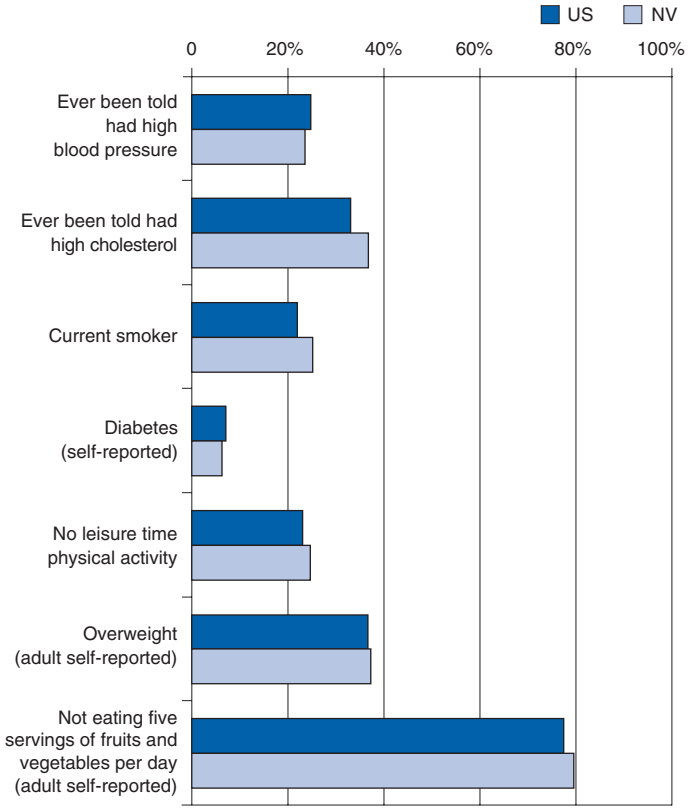
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Nevada, accounting for 4,393 deaths or approximately 27% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the fourth leading cause of death, accounting for 913 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 4,530 are expected in Nevada. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 10,990 new cases that are likely to be diagnosed in Nevada.

Estimated Cancer Deaths, 2004

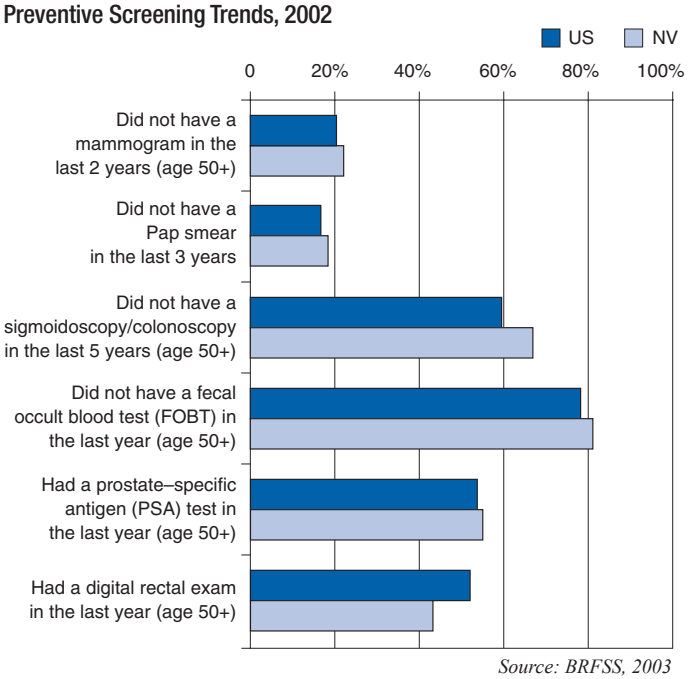
Cause of death	US	NV
All Cancers	563,700	4,530
Breast (female)	40,110	300
Colorectal	56,730	480
Lung and Bronchus	160,440	1,450
Prostate	29,900	260

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Nevada's Chronic Disease Program Accomplishments

Examples of Nevada's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decreases occurring among African American men (336.4 per 100,000 in 1990 to 318.3 per 100,000 in 2000).
- An 18.3% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 40.4% in 1992 to 22.1% in 2002).
- Lower prevalence rates than the corresponding national rates for individuals who reported having been told by a health care provider that they had high blood pressure (23.6% in Nevada versus 24.8% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Nevada in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Nevada, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) *Nevada BRFSS*	$221,376
National Program of Cancer Registries *Nevada Central Cancer Registry*	$647,325
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	$0
Diabetes Control Program *Nevada Diabetes Prevention and Control Program*	$457,970
National Breast and Cervical Cancer Early Detection Program *Women's Health Connection*	$2,654,762
National Comprehensive Cancer Control Program *Nevada Comprehensive Cancer Program*	$143,336
WISEWOMAN	$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program *Nevada Tobacco Prevention and Control Program*	$697,562
State Nutrition and Physical Activity/Obesity Prevention Program *(No CDC Funding)*	$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	$0
University of Nevada, Reno	$857,404
Total	**$5,679,735**

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Nevada that fall into other health areas. A listing of these programs can be found at http://www.cdc.gov/nccdphp/states/index.htm.

Opportunities for Success

Chronic Disease Highlight: Diabetes

Diabetes is a common disease in Nevada. In 2002, 104,466 adults, or 6.2% of adults, in the state had diabetes that had been diagnosed; however, an estimated 430,000 people in Nevada were at increased risk for undiagnosed diabetes due to risk factors such as age, obesity, and sedentary lifestyle.

People with diabetes suffer from many diabetes-related complications. In 2002, there were 3,272 diabetes-related hospitalizations, and 267 lower extremity amputations were performed in Nevada. In addition, diabetes was listed as the leading cause of death for 319 residents of Nevada in 2001. The cost of diabetes in Nevada is staggering: in 2002, the direct cost of diabetes hospitalizations was about $82 million.

Diabetes also is more prevalent among racial and ethnic minorities. Data from CDC's 2003 Behavioral Risk Factor Surveillance System (BRFSS) indicate that more than 10.0% of African Americans in Nevada reported that they have been diagnosed with diabetes, compared with only 6.6% of whites and 5.6% of Hispanics. However, BRFSS data from 1996 to 2001 on diabetes prevention activities found that the state's African Americans were obtaining necessary care. Over 80% received a foot exam each year (the Healthy People 2010 objective is 75%) and 78.8% received an eye exam (the Healthy People 2010 objective is 75%). In contrast, the Hispanic population was less likely to obtain this care: only 70.8% of Hispanics with diabetes had at least one foot exam and only 63.3% had an eye exam.

The Nevada Diabetes Council was created in 1997 by the State of Nevada's Division of Health to address state concerns about diabetes. The council's purpose is to serve as a voluntary, nongovernmental body of concerned citizens, private and public organizations, agencies, business leaders and consumers working together to formulate a cohesive plan for reducing the burden of diabetes in Nevada and to provide guidance to the Nevada Diabetes Prevention and Control Program. The goals of the council are to increase public awareness of the impact of diabetes, improve the quality of life for those affected by diabetes, and reduce the burdens imposed by the disease.

Text adapted from *African Americans & Diabetes in Nevada* (n.d.), and *Diabetes Control Program, Information* (n.d.), available on the Nevada State Health Division Web site at http://health2k.state.nv.us/diabetes/information.htm.

Disparities in Health

Women represent just under half of Nevada's population (49.1% according to the 2000 U.S. Census). Nevada pays special attention to women in public health planning, not only because of their individual health concerns, but also because they most often act as the primary caregivers for children. Nationally, and in Nevada, heart attack, stroke, and other cardiovascular diseases are women's primary health issues**.**

Nationally, more women die from heart disease each year than from breast, ovarian, and uterine cancer combined. Lung cancer is the leading cancer killer of women, taking the lives of approximately 62,000 women each year, and colorectal cancer is the third leading cause of cancer deaths in women, killing almost 30,000 women each year.

In Nevada from 1996 to 2000, women had higher rates of heart disease (449 per 100,000) than the national rates for women (438 per 100,000). Women in Nevada in 2000 also had higher lung cancer death rates (56.1 per 100,000) than the national rates of lung cancer death for women (41.2 per 100,000).

Risk factors for heart disease and cancer include poor nutrition, physical inactivity, high blood pressure, and smoking. Data from CDC's Behavioral Risk Factor Surveillance System indicate that in 2003, women in Nevada were less likely to consume 5 or more servings of fruits and vegetables per day (24.5%), compared to the national rate for women (27.0%) and were more likely to smoke (21.3% for women in Nevada versus the national rate for women, 20.3%). Women in Nevada were more likely to report that they had been diagnosed with high blood pressure than men (24.3% for women versus 22.9% for men) and were less likely to meet the recommended guidelines for moderate physical activity than men (48.7% for women versus 52.9% for men).

Other Disparities

- **Stroke:** In Nevada, from 1991 to 1998, African Americans had a higher stroke death rate than whites (154 per 100,000 versus 117 per 100,000).
- **High Blood Pressure:** African Americans in Nevada are more likely to report that they have been diagnosed with high blood pressure than whites (35% versus 27%).
- **Cancer:** In Nevada, in 2000, African American men had higher cancer death rates than their white counterparts (318.3 per 100,000 for African American men versus 257.7 per 100,000 for white men).

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